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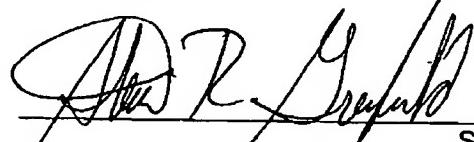
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Date



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Telephone Number

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- 1. AMENDMENT TRANSMITTAL LETTER
- 2. PETITION FOR EXTENSION OF TIME
- 3. FEE TRANSMITTAL
- 4. AMENDMENT IN RESPONSE TO FINAL OFFICE ACTION (7 pages)

~~performed~~

SER NO. 10/015542

CONF NO: 3647

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER				Docket No. 64081-00005USPT
Application No. 10/015542-Conf. #3647	Filing Date December 13, 2001	Examiner L. H. Thanh	Art Unit 3763	
Applicant(s): Victor Gura				
Invention: WEARABLE PERITONEAL DIALYSIS SYSTEM				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an Amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
1	- 26 =		x	
Independent Claims	1	- 4 =	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): <i>Extension for response within second month</i>				<i>\$70.00</i> 225.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				570. 225.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0047</u> in the amount of \$ <i>\$570.00</i> <i>570.00</i> <u>825.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>10-0447</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dated: <u>Aug 8, 2005</u> <i>Aug 8, 2005</i> <u>Aug 8, 2005</u> Steven R. Greenfield Attorney Reg. No.: 38,166				
JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3200 Dallas, Texas 75202 (214) 855-4789				
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: <u>Aug 8, 2005</u> Signature:  <i>Aug 8, 2005</i> <i>Aug 8, 2005</i> (Gene Marsteller, <i>Gene Marsteller</i> , <i>Steve Greenfield</i>)				

DALLAS2 1115555v1 64081-00005USPT

AUG 08 2005

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<small>Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small> FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/015542-Conf. #3647
		Filing Date	December 13, 2001
		First Named Inventor	Victor Gura
		Examiner Name	L. H. Thanh
		Art Unit	3763
TOTAL AMOUNT OF PAYMENT	(\$ 225.00)	Attorney Docket No.	64081-00005USPT

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>10-0447</u> Deposit Account Name: <u>Jenkens & Gilchrist, a Professional Corporation</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION														
1. BASIC FILING, SEARCH, AND EXAMINATION FEES														
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>									
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>							
Utility	300	150	500	250	200	100	_____							
Design	200	100	100	50	130	65	_____							
Plant	200	100	300	150	160	80	_____							
Reissue	300	150	500	250	600	300	_____							
Provisional	200	100	0	0	0	0	_____							
2. EXCESS CLAIM FEES														
<u>Fee Description</u> <table style="float: right; margin-right: 20px;"> <thead> <tr> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>							<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	50	25	200	100	360	180
<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>													
50	25													
200	100													
360	180													
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims														
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>										
<u>26</u>	<u>- 26 =</u>	<u>x</u>	<u>=</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>								
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>										
<u>4</u>	<u>- 4 =</u>	<u>x</u>	<u>=</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>								
3. APPLICATION SIZE FEE														
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).														
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>										
<u> </u>	<u> </u>	<u>/50</u>	<u>(round up to a whole number) x</u>	<u> </u>	<u> </u>	<u> </u>								
4. OTHER FEE(S)														
Non-English Specification, \$130 fee (no small entity discount) THIRD Other (e.g., late filing surcharge): 2252 Extension for response within second month \$10. 225.00														

SUBMITTED BY	
Signature	
Registration No. (Attorney/Agent)	38,166
Telephone	(214) 855-4789
Name (Print/Type)	Steven R. Greenfield
Date	July 12, 2005

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Dated: July 12, 2005 Signature:

(Carol Marsteller) Steven Greenfield

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